

DEPARTMENT OF CONSUMER AFFAIRS ATTN: COMMENTS/COMPLAINTS 401 S STREET, Suite 101 SACRAMENTO, CA 95814-6200 1-800-952-5210



CITIZEN'S COMMENT/COMPLAINT FORM

PLEASE USE SEPARATE FORM FOR EACH COMMENT/COMPLAINT

The Consumer Complaint Act of 1997 requires the Department of Consumer Affairs to provide a method for use by California citizens

to comment/complain about the Boards, Pro	
PERSON FILING COMMENT/COMPLAINT:	WHICH BOARD/DIVISION/PROGRAM IS THIS COMMENT/COMPLAINT ABOUT?
ADDRESS: (NUMBER AND STREET)	PERSON WITH WHOM YOU DEALT:
CITY, STATE AND ZIP	LOCATION OF ABOVE (Sacramento, District Office, etc.)
TELEPHONE NUMBER: (8am-5pm, include area code) DO YOU WANT TO REMAIN ANONYMOUS? If you wish to remain anonymous, we may not be able to address your specific issue. Every effort, however, will be made to do so without revealing your identity. DESCRIBE YOUR COMMENT OR COMPLAINT (Be specific - who, what, when,	
DESCRIBE FOUR COMMENT OR COMPLAINT (be specific - who, what, when, v	vnere, now).
Mail this completed form to the address listed on the top of this form.	
SIGNATURE	DATE